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AUTHOR Charkow, Wendy B.
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ABSTRACT

This paper provides counselors and other helping professionals with tools for assessment of and intervention in grieving families that have suffered the loss of a child or fetus through illness, accident, violence, or miscarriage. Helping professionals who don't specialize in grief issues can especially benefit from this information, as many clients display unrecognized and/or unresolved grief issues. Several recommendations for assessment of grieving families are offered. Recommendations include evaluating the level of functioning of individual family members and the family system itself, assessing the levels of communication within and cohesion of the family, and assessing symptomology related to depression and bereavement. A systemic approach that emphasizes family, group, and school interventions is recommended to assist the family in positive grief resolution. (Contains 21 references.) (GCP)

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RUNNING HEAD: Family grief

A Systemic Approach to Facilitating Family Grief Resolution Following the Death of a Child

Wendy B. Charkow, M.S.

The University of North Carolina at Greensboro

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Abstract

Families bereaved by the loss of a child experience difficulties related to depression, anxiety, acting out behaviors related to aggression, and lack of family communication and cohesion. A description of dynamics of the grieving family and implications for assessment and systemic interventions are provided.

A Systemic Approach to Facilitating Family Grief Resolution Following the Death of a Child

Loss experiences in the immediate family are an obviously inherent aspect of the human condition that often lead to anguish and distress. The loss of a child by death is opposed to what is perceived as the natural order of life events, and is related to many painful experiences such as unrealized hopes and unjust circumstances for survivors from both within and outside the immediate family (Ponzetti, 1992; Schwab, 1997). Accordingly, this bereavement experience provides unique challenges that are especially hard for people to bear. Although a distinction is mentioned in the professional literature between "normal" and "pathological" grief with concomitant intervention strategies (Worden, 1991), it has been suggested that bereavement due to child loss is extremely traumatic for families. Therefore, even "normal" bereavement can be described as "pathological" in terms of parental and sibling distress and may warrant professional intervention (Schwab).

The literature suggests that a death in the family is, "not only a personal tragedy but is also an assault on the integrity of the family system itself." (Westcott, 1985, p.17). The bereavement experience due to the loss of a family member leads to both individual reactions, such as depression and anxiety, and changes in family dynamics, such as power structures, boundaries, communication, and role negotiations (Schwab, 1997; Westcott). Therefore, the purpose of this paper is to provide counselors and other helping professionals with tools for assessment and intervention with the grieving family system that has suffered the loss of a child or fetus through illness, accidents, violence, and miscarriage. Thus, this information has significant utility for helping professionals,

especially those who don't "specialize" in grief issues, as many clients present with unrecognized and/or unresolved grief issues (Bernstein, Duncan, Gavin, Lindahl, & Ozonoff, 1989).

The Effects of Grief on Family Systems and Coping

Difficulties encountered by grieving families following the death of a child include distancing between family members, feelings of guilt and blame directed toward self and others, coping style differences, and loss of energy that precludes the maintenance of family member roles and functions (Brabant, Forsyth, & McFarlain, 1994; Rosenblatt & Karis, 1994). In terms of the effect of the loss on the spousal or partner relationship, the literature indicates that individuals within the couple often have different coping styles, which may be misperceived by the partner and often leads to distress and misunderstanding (Thomas & Striepl, 1995). The subsequent difficulties experienced by the couple subsystem often affects their abilities to work together as effective parents for the surviving children, who may then experience compounded grief due to secondary loss of parental attention and accessibility (DeMaso, Meyer, & Beasley, 1997).

Related to the effects on children, McCown and Davies (1995) found that most children in reacted to the death of a child within the immediate family behaviorally, primarily via aggression, with the goal of receiving attention for themselves. Specific behaviors found were frequent arguing, demanding attention, exhibiting disobedience, and acting stubborn. In addition, research indicates that other behaviors commonly experienced by bereaved children are somatic complaints, reactions to minor illnesses, difficulties with school, sleep problems, appetite loss, enuresis, and death phobias

(Bernstein et al., 1989; DeMaso et al., 1997; McCown & Davies). These studies indicate a relationship between lack of accessibility to parents, leading to a demand for parental attention, and negative experiences of bereaved children.

In regard to family grief and role negotiation, a phenomenon that also often exists in families is the tendency for the parents to idealize the deceased child, and then compare the living children to this ideal (Bernstein et al., 1989). This promotes survivors' feelings of inferiority, guilt, and blame over the death and their own identity. In addition, with children born after the death has occurred, the dynamic of the "replacement child", in which the child believes at some level that he or she must "live up" to the child who died, often comes into play (Schwab, 1997).

Implications for Assessment and Intervention

In regard to the dynamics of grieving families outlined above, several recommendations for assessment are offered. The level of functioning of individual family members and the family system itself, both current and prior to the death, should be evaluated. This will lend evidence to whether current problems may have an etiology prior to the loss or as a grief reaction.

It would also behoove the counselor to assess the levels of communication and cohesion of the family, two factors associated with positive family grief resolution that often suffer as a function of bereavement (Nelson & Frantz, 1996). Inherent in this assessment would be to actually uncover each member's personal definition and description of the death, as secrecy related to the death, especially related to younger children, is common (Rosen, 1985; Rosenblatt & Karis, 1994). This assessment would

require a respectful approach to the family's culture and definition of the loss (Neimeyer & Keesee, 1998).

In addition, each member's reaction to the loss should be assessed to look for symptomatology related to depression, such as sadness, insomnia, poor appetite, and characteristics of clinical bereavement such as excessive survivor guilt, thoughts of death, prolonged functional impairment, and hallucinatory experiences involving the deceased (American Psychiatric Association, 1994). It is important to keep in mind that grieving children often exhibit externalizing behaviors, such as aggression and acting out, that may be indicative of unresolved grief (McCown & Davies, 1995).

Intervention utilizing a systemic approach that considers factors related to resources in the family, community, and schools are advocated for grief counseling with the bereaved family. Specific approaches addressed below include structural family therapy, family debriefing, and consultation. Group counseling, although not described specifically within the scope of this paper, is also an approach to working with the bereaved that has documented efficacy (Fleming & Balmer, 1991).

Structural Family Therapy

Structural family therapy, developed by Salvador Minuchin in the 1970s, addresses family dynamics such as family structure and transactions, subsystems (e.g., parental and sibling subsystems), and boundaries (Nichols & Schwartz, 1995). Problems arise within the family unit when the family encounters stressors and coping efforts are unsuccessful due to instances such as disengaged subsystems, in which family members are distant from one another, or enmeshed subsystems, in which there is a lack of differentiation among family members. In cases of families bereaved by the loss of a

child, it is very common for family members to have differential coping styles that impede their ability to cope together as a unit or for disengagement to occur. Structural interventions that may have positive benefits for the grieving family include cognitive reframing and functional boundary definition that allows the parental subsystem to work together as a unit and allows the children to engage in activities of childhood.

Family Debriefing

The family debriefing model, FDM, was developed as an application of critical incident stress debriefing to families and couples (Juhnke & Shoffner, 1999; Mitchell, 1983). The debriefing models encourage the sharing between survivors of crisis events in a family or group to promote positive coping strategies and to identify those who may warrant more intensive interventions. The model consists of systematic steps in which the grieving family would have the opportunity to process the crisis together in both cognitive and emotional modalities. More specifically, the counselor would introduce the intervention as a way to work together as a family to help each other through this grieving process without focusing on dynamics of guilt and blame. The family would then be guided to share the facts, thoughts and feelings related to the loss.

An important aspect of this approach is the intentional guidance of the survivors through a sequence cognitive, emotional, and a return to cognitive processing to avoid "leaving" a member in a crisis stage. The intervention is concluded with psychoeducation related to coping, stress reactions, and how to ask for help within and outside the family system. The application of family debriefing with the bereaved family has the potential to increase family communication, shared coping strategies, and an involvement of all family members in the process of grief resolution. This is especially

important for the surviving children, as children are often the forgotten mourners; attention is more often placed on parental bereavement and a misconception exists indicating that it is better to distance the child from the grieving process (Charkow, 1998; Rosen, 1985).

Consultation

The literature also supports the idea of consulting with parents, teachers, and other involved individuals related to the bereaved family to facilitate the grieving process. DeMaso et al. (1997) indicated that parents often turn to professionals to ask what to say to the surviving children. Their recommendations for parent consultation are for the consultant to assess the dynamics of the child and the family and intervene accordingly by providing support, facilitating open communication, and educating parents about developmental levels related to death understanding. Recommendations for the parents include being age-appropriate with the children, defining death concretely and avoiding the use of euphemisms, expecting "loaded" questions that evoke parental emotion, being consistent with discipline, utilizing support from others, and allowing children to participate in mourning rituals. It is also important for the parents to get help for themselves, both for their personal well-being and for the well-being of the surviving child(ren).

One way of consulting with parents and teachers is to conduct workshops that educate participants about bereavement issues with children and families. Goals of the workshops are delineated as mainly to teach about death within the context of developmental principles, to help participants in being aware of their own reactions to death, and to provide ways to intervene effectively with bereaved children (Hare &

Skinner, 1988; Cunningham & Hare, 1989). A focus of the teacher workshops are also to increase awareness of curricular and community resources for grieving students. It was found that talking about bereavement was necessary but insufficient as parents who only received knowledge did not report better parent-child communication than parents who did not receive the training; therefore skills training and participation in activities such as role plays are an essential piece to these training workshops (Hare & Skinner).

Summary and Conclusion

Bereavement due to the loss of a child within the immediate family defines a crisis for the family in which individual members and the family system as a whole are likely to display problematic symptoms that may warrant professional assessment and intervention. A systemic approach that emphasizes family, group, and school interventions is recommended to assist the family in a process of positive grief resolution. Although many people experience bereavement and concomitant difficulties within the family system, there is a dearth of empirical research dealing with family grief processes in reaction to the death of a child. Therefore, it is necessary to conduct further research to uncover how grief task resolution in families bereaved by the loss of a child can be conducted in a manner that prevents further problems in the interrelated realms of personal and systemic functioning, and enhances the quality of life for the survivors to the extent to which that is possible.

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